NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Appraisal

Oleogel-S10 for treating skin wounds associated with epidermolysis bullosa

Draft scope

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of Oleogel-S10 within its marketing authorisation for treating skin wounds associated with epidermolysis bullosa.

Background

Epidermolysis bullosa (EB) is a general term used to describe a group of rare inherited skin disorders that cause the skin to become very fragile. Any trauma or friction can cause the skin to blister and tear easily. There are different types of EB, and the condition is classified according to where on the body the blistering takes place and which layer of skin is affected[1]. Symptoms can vary significantly by subgroup:

- epidermolysis bullosa simplex (EBS) – accounts for 70%[2] of cases and tends to be milder, although blisters can occur anywhere on the body they are often confined to the palms and soles. EBS has a low risk of serious complications.

- dystrophic epidermolysis bullosa (DEB) – accounts for around 25%[2] of cases and can be either dominantly or recessively inherited. Dominant DEB is the mildest form of DEB, with recessive DEB associated with more severe symptoms. Blistering occurs below the basement membrane zone in the upper part of the dermis (lower layer of the skin). In mild forms blistering is limited to the hands, feet, knees, and elbows, but may be widespread in more severe cases.

- junctional epidermolysis bullosa (JEB) – the rarest and most severe type is classified as either ‘generalised severe’ (Herlitz) or ‘generalised intermediate’ (non-Herlitz). In the severe form blistering can cover large regions of the body including the lining of the mouth and digestive tract. Around 40% of children born with generalized severe (Herlitz) JEB, the more severe form of JEB, will not live past the first year and most won’t survive five years[1].

- Kindler Syndrome is also a rare type of EB which is characterised by blisters which are formed in different layers of the skin and symptoms such as pigmentation and photosensitivity.

As well as external blisters, EB can manifest internally affecting areas such as the eye, mouth or stomach. Other complications associated with EB can include the development of aggressive skin cancers, dental problems, or nutritional compromise.

EB is usually diagnosed in babies and children and is thought to affect 1 in 17,000 births with around 5,000 people affected in the UK[3].

There is currently no cure for EB. Treatments help ease and control symptoms. It aims to avoid skin damage, improve quality of life and reduce the risk of developing complications such as infection and malnutrition[1]. Given the complex needs of children with EB, treatment is usually carried out by a multidisciplinary team.

The technology

Oleogel-S10 (AP101) consists of an active ingredient of dry, refined extract from birch bark. Oleogel-S10 contains 10% of birch bark extract in 90% of sunflower oil. It is applied topically.

Oleogel-S10 does not currently have a marketing authorisation for treating epidermolysis bullosa. It has been studied in clinical trials in people with dystrophic epidermolysis bullosa, junctional epidermolysis bullosa or Kindler syndrome compared with placebo.

Intervention(s)	Oleogel-S10
Population(s)	People with: • Dystrophic epidermolysis bullosa (DEB) or • Junctional epidermolysis bullosa (JEB) or • Kindler syndrome
Comparators	Established clinical management without oleogel-S10 (including, but not limited to, treatments which can help ease and control infections, pain and other aspects of EB)

Outcomes	The outcome measures to be considered include: • closures of unhealed target wounds • time to wound closure • percentage of surface area of wound healed • change in total body wound burden • pain • change in itching • mortality • adverse effects of treatment • health-related quality of life.
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective. The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account.

Other considerations	If the evidence allows the following subgroups will be considered. These include:
	• Dystrophic epidermolysis bullosa (DEB)
	  ○ dominant DEB
	  ○ recessive/severe generalised DEB
	• Junctional epidermolysis bullosa (JEB)
	  ○ generalised severe (Herlitz)
	  ○ generalised intermediate (non-Herlitz)
	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.

Related NICE recommendations and NICE Pathways	None
Related National Policy	The NHS Long Term Plan, 2019. NHS Long Term Plan NHS England (2018/2019) NHS manual for prescribed specialist services (2018/2019) Chapter 50. Department of Health and Social Care, NHS Outcomes Framework 2016-2017: Domains 1,2 and 4. https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017

Questions for consultation

How many people would be expected to be considered for oleogel-S10 treatment in clinical practice in England?

Have all relevant comparators for oleogel-S10 been included in the scope?

Which treatments are considered to be established clinical practice in the NHS for epidermolysis bullosa? Please describe how treatment differs by disease subgroups.

Are the outcomes listed appropriate?

Are the subgroups suggested in 'other considerations' appropriate?

Are there any other subgroups of people in whom oleogel-S10 is expected to be more clinically effective and cost effective or other groups that should be examined separately?

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which oleogel-S10 will be licensed;

- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by

making it more difficult in practice for a specific group to access the technology;

- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.

Do you consider oleogel-S10 to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of the condition)?

Do you consider that the use of oleogel-S10 can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the Appraisal Committee to take account of these benefits.

To help NICE prioritise topics for additional adoption support, do you consider that there will be any barriers to adoption of this technology into practice? If yes, please describe briefly.

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at http://www.nice.org.uk/article/pmg19/chapter/1-Introduction).

References

1. NHS choices. Epidermolysis bullosa. Available at https://www.nhs.uk/conditions/epidermolysis-bullosa/ (assessed 12th March 2020)

2. DEBRA. Epidermolysis bullosa/ Available at https://www.debra.org.uk/types-of-eb/intro (accessed 12th March)

3. Mellerio JE; Epidermolysis bullosa care in the United Kingdom. Dermatol Clin. 2010 Apr28(2):395-6, xiv. doi: 10.1016/j.det.2010.02.015.